

MassHealth PCC and MCO Program Overview

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The Committee was established to “study the comparative costs and benefits of different care delivery models for the Medicaid program including, but not limited to, all-managed care, a state-contracted chronic disease management program and patient-centered medical homes.”

Rapidly Evolving Context

- New Care Coordination and Behavioral health reprocurement that supports an integrated model of care delivery in the PCC plan
- Duals initiative that defines a new model of care, with new standards for care integration and service delivery and a requirement to describe use of alternative payments to providers
- The Patient Centered Medical Home Initiative that spans the MCO program and the PCC plan
- The development of an ACO pilot proposal within Medicaid that will span the MCO Program and the PCC Plan
- Federal initiatives such as the Pioneer ACO model and Medicare Shared Savings Pilots
- Innovative payment initiatives by private payers including shared savings arrangements as well as a proposed ACO model by Medicaid MCOs

Recommendation:

- Instead of focusing its analysis on systems of care as they existed in past years, the Committee should instead work to define the care delivery models that will be needed to provide care that is integrated, coordinated, and efficient going forward.

Overview of MassHealth Program

- MassHealth provides comprehensive health coverage to approximately 1.3 million low income individuals (through the Section 1115 Medicaid research and demonstration waiver)
- MassHealth requires enrollment in Managed Care for non-institutionalized members under age 65 who don't have other insurance.
- More than 900,000 MassHealth members under age 65 are enrolled in Managed Care.
- Managed Care enrollment options includes a choice of five Managed Care Organizations (MCOs) or the Primary Care Clinician (PCC) Plan.
 - MassHealth may assign an individual to either an MCO or the PCC Plan if an election to either program is not made within a specified timeframe.
 - MassHealth members in the care/custody of DCF or DYS may voluntarily choose to enroll in the MCO or PCC Plan.
 - Members that do not make an election receive behavioral health services through the MassHealth behavioral health vendor and all other services on a FFS basis.

Types of members served by each program

MCO Plan:

- All MCOs cover MassHealth members under the MassHealth Standard and CommonHealth, Family Assistance, Basic and Essential programs.
- Total number of enrollees (as of 7/12): *Approximately 492,000*

PCC Plan:

- PCC Plan members include individuals under the age of 65 with MassHealth Standard, CommonHealth, Family Assistance, Basic and Essential benefits.
- Membership also includes DMH clients and individuals in the care/custody of or receive adoption/guardianship subsidies through DCF (about 3% of total membership).
- Total number of enrollees (as of 7/12): *339,000, with approximately 80,000 additional children receiving behavioral health services*

Background and description of PCC Plan

- The PCC Plan is a statewide primary care case management program serving MassHealth members eligible for managed care
- Members that elect enrollment in the PCC Plan must select a primary care provider
- The PCC Plan contracts with 1,040 primary care clinicians (PCCs) that practice at approximately 1,540 PCC sites (as of June, 2012).
- To enter a contract with the PCC Plan, a MH provider must be an individual physician, NP, group practice, community health center, hospital licensed health center or hospital outpatient department.
- PCC Plan enrollees are eligible to receive all medically necessary services available under their MH coverage type.
- PCC plan members receive behavioral health services through a behavioral health contractor, Massachusetts Behavioral Health Partnership (MBHP). MBHP also provides PCC network management and support services such as provider profiling reports, quality improvement support for PCCs such as performance review, site visits, and educational forums.

Background of MassHealth's MCO Plan

- During the 1970s, Massachusetts finalized plans to implement a managed care option for Medicaid recipients.
- **1971:** limited number of recipients had the option of enrolling in an MCO;
- **1979:** limited Primary Care Case Management (PCCM) program was established under an 1115 Research and Demonstration Waiver.
- **1989-1991,** Medicaid experienced a 69% increase in spending. To address this explosive growth, the Administration pursued an expansion of Medicaid managed care, and the vehicle for doing so was through a 1915(b) Waiver. Members were required to enroll in the MCO plan or the newly-created Primary Care Clinician (PCC) Plan and its companion Behavioral Health (BH) Program. Managed care-eligible members who did not select a managed care option were assigned to a PCC in the PCC Plan.

Recent Changes to the MCO Plan

- *July 2010:*
 - Auto enrollment into the MCO program for disabled members
 - Mandatory managed care enrollment for MCO and PCC members for CommonHealth Members
 - MCO became an enrollment option for MassHealth Essential members
 - Standards and requirements significantly enhanced by Quality and Health Care Outcomes
 - Require the use of outcomes assessment tools for BH services
 - Implement quality improvement initiatives across all populations
 - Mandate a nurse advice line for health care advice 24/7
 - Implement Complex Care Management (CCM) and enhanced Intensive Clinical Management (ICM) across all MCOs
 - Division of licensure requirement for DOI registration and solvency
- *March 2011:*
 - Prior to March 2011, members who did not chose a plan were assigned to either the MCO or PCC plan.
 - After this date, managed care eligible members may still choose to enroll in any MassHealth managed care plan operating in their respective service areas, but members who fail to select a health plan will be auto assigned to the PCC plan.

PCC Plan Care Coordination & Behavioral Health Procurement

- Care integration and care management in the Behavioral Health program target the PCC plan's highest-cost patients
- Looking at behavior health needs, the highest cost 25% of members account for 80% of overall MassHealth spend, and the highest cost 8% of members make up 50% of the spend
- As part of the RFR, MassHealth provided a robust databook on prevalence of complex conditions using DxCG methodology
- The contract requires vendor to use predictive modeling to identify conditions or combinations of conditions that can benefit from care management
- Vendor is paid a per-member per-month payment for care coordination for the most complex patients, as well as an incentive for achieving outcomes for members of the care management program, such as improvements in functional status scores or reductions in use of the Emergency Room

Patient-centered medical home (PCMHI)

- Multi-payer 3-year demonstration project running from April 2011-April 2014 that includes PCC Plan, Medicaid and Connector MCOs, GIC, and private payers
- 46 practice sites, including SNMHI sites covering approximately 265,000 patients covered by participating payers, including 150,000 MassHealth members, both in the MCO and PCC plans
- Quality measured by process and outcome measures focused on chronic conditions (including diabetes, pediatric asthma)
- Clinical care management highest risk patients
- Payment: For 32 of 46 practices, common model across participating payers
 - Start-up Infrastructure payment
 - PMPMs for Medical Home Activities and Clinical Care Management
 - Shared Savings
- Technical Assistance provided including Learning Collaboratives (in-person, phone, webinar), Medical Home Facilitators, data collection and analysis, on-line community

Asthma Bundled Payment Pilot

- This pilot aims to improve health outcomes, reduce asthma-related ER visits and hospitalizations, and reduce Medicaid costs.



Phase 1

- Through an RFP process, primary care sites will be selected from among PCCP providers and will receive a bundled PMPM payment for services such as home visits, care coordination by community health workers and supplies for mitigating asthma triggers in the home.

Phase 2

- Based on the outcomes of Phase 1, Phase 2 may expand the bundled payment to include additional ambulatory care services. The Commonwealth may also request a shared savings component of the plan.

- Pilot expected to include 100-200 children with high-risk asthma.
- EOHHS expects a positive return on investment within 3 years.

Current payment methods

PCC Plan

- Fee for Service reimbursement (rates established by DHCFP)
- Enhanced fee for select primary or preventive healthcare services:
 - Contract with MBHP for behavioral health services and for medical care coordination
 - PCMHI: PCC contract addendums to provide PMPM and infrastructure payments for participating sites. Shared savings model will be launched this fiscal year.

MCO Plan

- Primarily Fee for Service
- Some plans run shared savings, shared risk, and partial capitation programs in addition to participation in PCMHI described above

Current quality and data reporting – PCC Plan

- **PCC Profile Reports:** provides PCCs info about members in their panel and their practice rates on selected clinical measures and for the PCC Plan as a whole. The measures include:
 - Preventive Care Measures: Breast Cancer and Cervical Cancer Screening, Pediatric BH and Well-Child Care.
 - Chronic Care Measures: Asthma and Diabetes Management
 - Utilization Measure : Emergency Department (ED) Utilization
 - Access Measure: Access to Care for new Members
- **Care Monitoring Registry (CMR):** identifies PCC members with chronic conditions such as asthma and diabetes; high ED and pharmacy utilization; and/or pediatric behavioral health conditions.
- **Reminder Reports (RR):** identifies PCC members who may be in need of selected preventive (well-child care visits, and women's cancer screenings) or follow-up (pediatric behavioral health).
- **PCC Plan HEDIS Reporting** - Measures selected for 2012:
 - Childhood Immunization (CIS) and Immunizations for Adolescents (IMA)
 - Well-Child Visits in First 15 Months of Life (W15), Well-Child Visits Ages 3-6 (W34) and Adolescent Well Care Visits (AWC)
 - Chlamydia Screening (CHL)
 - Antidepressant Medication Management (AMM)
 - Follow-up after Hospitalization for Mental Illness (FUH) and Mental Health Utilization (MPT)

Current quality and data reporting – MCO Plan

- Encounter Data (Monthly submission by all MCOs)
- Quality Improvement (QI) Goals Submission (Mid-cycle and final as specified by EOHHS in QI Cycle Timeline)
- Provider Performance Incentives Notification (Annual Summary List if applicable)
- Satisfaction Survey Summary (Annual for Plan Specific Surveys; Biennial for MH data)
- Clinical Practice Guidelines Report (Annual)
- Summary List of Enrollees with No Service Utilization After One Year or More (Annual)
- External Audit/Accreditation Results Notification (Ad Hoc; upon MH request)
- HEDIS Data (Annual)
- Annual Quality Improvement Workplan and Evaluation (Annual)

Strengths of each plan

	PCC Plan	MCO Plan
Cost	\$2.1 Billion (SFY12)*	\$2.7 Billion (SFY12)
Quality	Most quality results in the top 25% on Healthcare Effectiveness Data and Information Set (HEDIS) measures	Similarly strong HEDIS ratings Four out of five of the top Medicaid Plans Nationally are MassHealth MCOs as ranked by the NCQA
Access	Both plans provide broad coverage throughout the state, with significant overlap. More than half of MassHealth providers participate in both plans	
Member satisfaction	In the MassHealth Member Experience Survey of both MCO and PCC members , 79% of respondents rated their medical care 8 out of 10 or above	
Behavioral Health	New contract will promote management of PCC and BH networks at a regional level and better integration of medical and BH care	Similar range of diversionary services available to members. Range of approaches to promoting BH integration.
PCMHI participation	46,117 members in PCMH Initiative	91,601 members in PCMH Initiative

****Note costs are not comparable given assumptions:** (1) The total costs for the MCO program include the capitation rate, the non-capitation payments, CBHI, and the wrap services. (2) The total costs for the PCC plan include all services, Massachusetts Behavioral Health Partnership (MBHP) capitation, CBHI, and MBHP administrative payments. MassHealth administrative costs are not included. (3) Total costs for MCO and PCC include long term care support services.*

Senior Care Options

- SCO is a comprehensive health plan that covers all of the services reimbursable under Medicare and MassHealth through a senior care organization and its network of providers.
- The Senior Care Options (SCO) program combines health services with social support services and specialized geriatric support services, along with respite care for families and caregivers
- Enrollment in this managed care program is voluntary and open to MassHealth Standard members who meet the following criteria:
 - are aged 65 or older;
 - live at home or in a long-term-care facility (member cannot be an inpatient at a chronic or rehabilitation hospital or reside in an intermediate care facility for mentally retarded);
 - are not subject to a six-month deductible period under MassHealth regulations at 130 CMR 520.028;
 - are not diagnosed with end-stage renal disease; and
 - reside in a geographic area serviced by a SCO organization.

Duals Demonstration

- MassHealth is developing a new Integrated Care model for members eligible for Medicaid and Medicare (Dual Eligibles) ages 21-64
- MassHealth proposes to combine Medicare and Medicaid funding for Dual Eligibles. MassHealth then expects to procure contracts with entities to integrate comprehensive care and provide both MassHealth and Medicare funded services.
- The contracted entities will be evaluated based on a comprehensive set of quality metrics that will be developed to assess performance.
- This model will significantly improve the alignment of financial incentives and improve accountability by making a capitated payment for all Medicare and Medicaid services, a broader continuum of behavioral health services, and Community Support Services.
- This level of integration is necessary to achieve better health outcomes for this population and to provide higher quality, more cost effective, person-centered care.
- Enrollment for the eligible 110,000 members is scheduled to begin in April 2013

Appendix

Boston Medical Center HealthNet Plan

MassHealth

- Provider-sponsored health plan, owned and operated by Boston Medical Center, the largest public safety-net hospital in Boston, that serves the Medicaid and Commonwealth Care populations. Began serving a Commercial population starting in January 2012.
- 190,163 MassHealth members as of June 25, 2012.
- Operates statewide with the exception of the Islands– largest membership is in the Western Region.
- Provider network includes community health centers, hospital outpatient departments, and group and individual practices.
- Behavioral health services are managed through a carve-out contract with Beacon Health Strategies.
- NCQA Accredited.

Fallon Community Health Plan

MassHealth

- Non-profit managed care organization that serves commercial, Medicare, Medicaid and Commonwealth Care populations.
- 12,803 MassHealth members as of June 25, 2012.
- Service area is the Central MA Region only.
- Behavioral health services are managed through a carve-out contract with Beacon Health Services.
- Provider network for MassHealth members is through (Reliant Medical Group (previously Fallon Clinic sites), CHCs, group practices and hospital-based clinics.
- NCQA Accredited.



Health New England

MassHealth

- For profit health maintenance organization licensed in MA, founded in 1985 that is owned by Baystate Health Systems. Serves commercial, Medicare Advantage and Medicaid populations.
- 6,383 MassHealth members as of June 25, 2012.
- Became a MassHealth MCO as of July 1, 2010.
- Service area is the Western MA Region only.
- Behavioral health services are managed through a carve-out contract with Massachusetts Behavioral Health Partnership.
- Provider network includes community health centers, hospital outpatient departments, and group and individual practices.
- NCQA Accredited.



Neighborhood Health Plan

MassHealth

- Non-profit managed care organization that primarily serves Medicaid members, along with commercial and Commonwealth Care populations;
- 155,529 MassHealth members as of June 25, 2012.
- Service areas - statewide
- Provider network includes mostly community health centers in addition to Harvard Vanguard Medical Associates, group practices, and hospital-based clinics.
- Behavioral health services are managed through a carve-out contract with Beacon Health Strategies.
- January 1, 2011 awarded the statewide contract to serve the Special Kids/Special Care population in collaboration with DCF.
- NCQA Accredited.



Network Health

- Provider-sponsored health plan that transitioned from Cambridge Health Alliance to Tufts Associated Health Maintenance Organization (TAHMO) effective 11/1/2011 that serves the Medicaid and Commonwealth Care populations. Also serves Medial Security Plan members through a contract with MA unemployment.
- 123,533 MassHealth members as of June 25, 2012.
- Service areas - statewide.
- Provider network includes community health centers, group practices, hospital outpatient departments, and individual practitioners.
- Behavioral health services provided by Network Health providers.
- NCQA Accredited.